



State of New Jersey

Jon S. Corzine
Governor

**OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
STATE ATHLETIC CONTROL BOARD
P.O. BOX 180
TRENTON, NJ 08625-0180**

Stuart Rabner
Attorney General

Tony Orlando
Chairman

Steven Katz
Dennis McDonough
Member

Larry Hazzard, Jr.
Commissioner

TO: PROFESSIONAL BOXING/KICKBOXING/MIXED MARTIAL ARTS
ANNOUNCERS AND DOORMAN/BOX OFFICE EMPLOYEES

FROM: Larry Hazzard, Sr.
Commissioner

SUBJECT: New Jersey Boxing/Kickboxing/Mixed Martial Arts Announcer and
Doorman/Box Office Employee License Application
RENEWAL: July 1, 2006 - June 30, 2007

**Enclosed are the annual requirements for license as a
Boxing/Kickboxing/Mixed Martial Arts Announcer and Doorman/Box Office Employees in
the State of New Jersey.**

You must submit the following to this office:

1. Completed License Application Form;
2. Check or money order in the amount of \$25.00, payable to the State Athletic Control Board.

**AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING
ISSUE OF YOUR LICENSE AND FUTURE SHOW ASSIGNMENTS.**

LICENSEES ARE REMINDED: You are subject to the requirements of State Athletic Control Board Rules, provided by Chapter 46 of New Jersey's Administrative Code.



TELEPHONE: (609) 292-0317 FAX: (609) 292-3756
NEW JERSEY IS AN EQUAL OPPORTUNITY EMPLOYER PRINTED ON RECYCLED PAPER AND RECYCLABLE

If there are any questions regarding your application, please contact the office at 609.292.0317.

LH:tg

Enclosures

REV: 05.2005



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NEW JERSEY IS AN EQUAL OPPORTUNITY EMPLOYER PRINTED ON RECYCLED PAPER AND RECYCLABLE

****PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO N.J.S.A.C.B. ****

******NO CASH!!******

**NEW JERSEY STATE ATHLETIC CONTROL BOARD
LICENSE APPLICATION**

P. O. Box 180

Trenton, New Jersey 08625-0180

Telephone: (609)292-0317 Fax: (609)292-3756

Check (✓) or Circle Type/s of License

<u>CONTESTANT</u> <input type="checkbox"/> Boxer \$5 <input type="checkbox"/> Kickboxer \$5 <input type="checkbox"/> Mixed Martial Artist \$5	<u>MANAGER</u> <input type="checkbox"/> Boxing \$25 <input type="checkbox"/> Kickboxing \$25 <input type="checkbox"/> Mixed Martial Arts \$25	<u>SECOND</u> <input type="checkbox"/> Boxing \$25 <input type="checkbox"/> Kickboxing \$25 <input type="checkbox"/> Mixed Martial Arts \$25	<input type="checkbox"/> Announcer \$25 <input type="checkbox"/> Timekeeper \$25 <input type="checkbox"/> Other \$ _____ _____
<u>REFEREE</u> <input type="checkbox"/> Boxing \$75 <input type="checkbox"/> Kickboxing \$75 <input type="checkbox"/> Mixed Martial Arts \$75	<u>JUDGE</u> <input type="checkbox"/> Boxing \$75 <input type="checkbox"/> Kickboxing \$75 <input type="checkbox"/> Mixed Martial Arts \$75	<u>PROMOTER</u> <input type="checkbox"/> Boxing \$300 <input type="checkbox"/> Kickboxing \$300 <input type="checkbox"/> Mixed Martial Arts \$300	<u>MATCHMAKER</u> <input type="checkbox"/> Boxing \$100 <input type="checkbox"/> Kickboxing \$100 <input type="checkbox"/> Mixed Martial Arts \$100

SECTION I (All Applicants) - Please Print

NAME:

AKA or ALIAS (Other Names Used):

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

MAILING ADDRESS (complete if different from above)

CITY:

STATE:

ZIP:

COUNTRY:

TELEPHONE (Residence):
()

TELEPHONE (Business):
()

FAX#
()

E-MAIL ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY#:

HEIGHT:

WEIGHT:

SEX:

☐ MALE ☐ FEMALE

CITIZENSHIP:

PLACE OF BIRTH:

Have you ever been convicted of a crime? If yes, explain: ☐ YES ☐ NO

Are you presently on any suspension list? If yes, explain: ☐ YES ☐ NO

Have you ever been disqualified in any contest or disciplined for your actions during a contest? ☐ YES ☐ NO
If yes, explain:

Has any license you've held been revoked? If yes, please explain: ☐ YES ☐ NO

List all other Athletic Commissions in which you are licensed:

SECTION II (Boxer's, Kickboxer's & Mixed Martial Artist Only) - Please Print

Have you ever been hospitalized due to an injury suffered in any contest? If yes, explain: ☐ YES ☐ NO

Do you have any current medical conditions? If yes, please explain: ☐ YES ☐ NO

Do you have a manager? If yes, provide name, address & telephone number: ☐ YES ☐ NO

Name: _____ Address: _____ Telephone No: (____) _____

Have you had amateur experience? If yes, complete the following questions: ☐ YES ☐ NO

Amateur Record: _____ Number of Fights: _____

Submission Grappling Record: _____

Name of Gym or Club where you trained: _____

Name and Telephone Number of Trainer or Manager:

Name: _____ Telephone Number: (____) _____

SECTION III (Manager's & Second's Only) Please Print

List names of boxers which you currently manage/second:

Do you know of any medical conditions which your boxers currently have?: If yes, please explain ☐ YES ☐ NO

I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH THE STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FORTH IN N.J.S.A. 5:24-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

DATE: _____

SIGNATURE: _____



**State of New Jersey
Department of Law & Public Safety
State Athletic Control Board**

CHILD SUPPORT QUESTIONS

Please certify, under penalty of perjury, the following:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you currently have a child-support obligation? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "YES", are you in arrears in payment of said obligation? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If "YES", does the arrearage match or exceed the total amount payable for the past six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you failed to provide any court-ordered health insurance coverage during the past six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you the subject of a child-support-related arrest warrant? | <input type="checkbox"/> | <input type="checkbox"/> |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "YES" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

***Social Security Number:** _____ - _____ - _____

You **must** disclose your Social Security Number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

**STATE OF NEW JERSEY
W-9/QUESTIONNAIRE**

THE STATE OF NEW JERSEY REQUIRES COMPLETION OF THE W-9/VENDOR QUESTIONNAIRE TO VERIFY/ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID ON STATE RECORDS. PLEASE REVIEW THE INFORMATION BELOW, CORRECT ERRORS, AND ANSWER THE QUESTIONS PER SPECIFIC INSTRUCTIONS. RETURN THE COMPLETED FORM TO THE STATE IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE.

IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED TO THE STATE OF N.J. FOR ADDITIONAL INFORMATION CALL (609) 292-8124.

PART I.
NAME/ADDRESS
(REMIT TO:)

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION
Enter your taxpayer identification number and indicate whether it is a social security or employer identification number by marking the appropriate box.

Return completed form to:
OMB VENDOR CONTROL
PO BOX 221
TRENTON, N.J. 08625
FAX 609-292-4882

Make any corrections to the pre-printed data in the space provided below. Please type or print clearly.

4. Taxpayer Identification Number (Enter your correct TIN below ONLY if it differs from the # printed in the box.)

MARK THE APPROPRIATE BOX:

☐ SOCIAL SECURITY NUMBER

☐ EMPLOYER IDENTIFICATION NUMBER

5. For Payees Exempt From Backup Withholding
(Contact the IRS for instructions)

Requester's name and address (optional)

6. Certification: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Please
Sign
Here

Signature >

Date >

PART II. VENDOR DATA

STATE OF NEW JERSEY VENDOR INFORMATION QUESTIONNAIRE

1. Enter the code from the list below that best describes your business function:

VENDORS

GOVERNMENTAL ENTITIES

☐ HC = HEALTH CARE SERVICE
(NON-STATE AGENCIES)

☐ VG = VENDORS WHO SELL OR
MANUFACTURE GOODS

☐ VS = VENDORS WHO RENDER A SERVICE OR
VENDORS WHO RECEIVE RENT PAYMENTS

AC = AUTHORITY/COMMISSION

CF = CONFIDENTIAL FUND

CM = COUNTY/MUNICIPAL GOVT.

CU = STATE COLLEGE/UNIVERSITY

EP = NJ STATE EMPLOYEE

FA = FEDERAL AGENCY

FD = FIRE DISTRICT

PC = PETTY CASH

SA = STATE AGENCY

SD = SCHOOL DISTRICT

WB = WELFARE BOARD

MISCELLANEOUS VENDORS

OT = OTHER MISCELLANEOUS VENDORS (Please Specify) _____

2. Enter Primary Contact Information Below.

PHONE: (____) _____ - _____ NAME: _____ TITLE: _____

IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR A PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONNAIRE.

3. What is the principal activity of your organization?

☐ M = MANUFACTURING H = HEALTH RELATED SERVICE

☐ S = SERVICE G = GOVERNMENT O = OTHER (Please Specify) _____

4. Enter the code from the list below that best describes your organization:

☐ C = CORPORATION I = INDIVIDUAL P = PARTNERSHIP

☐ A = ASSOCIATION J = JOINT O = OTHER (Please Specify) _____

5. Enter your 4 digit County/Municipality Code for NJ Addresses ONLY (See reverse side for appropriate code.)

IMPORTANT: ANSWER ALL QUESTIONS (Please Print or Type Clearly)